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To: Assistant Commissioner for Patents	From: Estella Pinelro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Deborah Leslie Malamud Art Unit: 3766	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration App. No.: 10/608,409 Filed: 06/26/2003 Docket No.: A03P1028 Confirmation No. 8460	Number of pages being sent: <u>12</u> (including cover page)

PLEASE DELIVER TO EXAMINER MALAMUD, Art Unit 3766.**Thank you.**

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MAY 25 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Peter Boileau	Confirmation No.:	8460
Serial No.:	10/608,409	Examiner:	Deborah L. Malamud
Filed:	06/26/2003	Art Unit:	3766
Docket No.:	A03P1028		
For:	METHOD AND APPARATUS FOR MONITORING DRUG EFFECTS ON CARDIAC ELECTRICAL SIGNALS USING AN IMPLANTABLE CARDIAC STIMULATION DEVICE		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

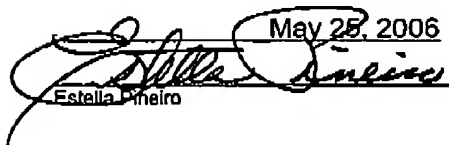
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment and Request for Reconsideration
X Power of Attorney...and Revocation of Prior Powers
X Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office
on:

 May 25, 2006
Estella P. Neiro Date 5/25/06

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	18	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	4	3	1	X \$200	200
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					120
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$320**
X Charge Deposit Account No. 16-0068		the amount of		\$320**	A copy of this letter is enclosed.	

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 5/25/06

Ronald S. Tamura
Ronald S. Tamura, Reg. No. 43,179
Patent Attorney for Applicants

CUSTOMER NUMBER: 36802